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ARGUMENT

IN

FAVOUR OF REQUIRING EVERY

CANDIDATE

FOR

A DEGREE IN MEDICINE

TO ATTEND A COURSE OF

CLINICAL LECTURES

ON THE PRACTICE OF SURGERY.

ADDRESSED TO THE

PRINCIPAL AND PROFESSORS

OF THE

University of Edinburgh.

BY JAMES RUSSELL,

PROFESSOR OF CLINICAL SURGERY.

EDINBURGH:

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1824.

Wednesday, 17th November, 4, P. M.

DEAR SIR,

I send such part of your MS. as I have been able to recover. I exceedingly regret that it will cost you a good deal of trouble to connect and complete it for the Printer again. Had it not been for the dismal calamity you would have received a complete proof sheet yesterday forenoon.

Dear Sir,

With much esteem, your's,

PAT. NEILL.

TO PROFESSOR RUSSELL.

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*Thursday, 18th November, 6, P. M.*

SIR,

We are sorry that it will not be in our power to furnish you with copies of the Appendix till to-morrow.

We are, SIR,

Your's, &c.

J. & C. MUIRHEAD.

TO PROFESSOR RUSSELL.



## ARGUMENT, &c.

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EVERY one conversant with the actual state of Medical Practice knows the impossibility of separating the practice of a Physician from that of a Surgeon, with any great degree of exactness; so that no one can reasonably entertain hopes of becoming a successful practitioner, who confines his studies exclusively to one department of the profession. A Physician, therefore, requires to possess a competent knowledge of Surgery to enable him to treat a numerous class of cases in a judicious manner. If he is deficient in this branch of knowledge, he will be often embarrassed with cases which should not have occasioned him any particular difficulty to understand; and may, when too late, have reason to regret his improvidence, in not having laid a more extensive foundation of knowledge during the progress of his education. I have witnessed several instances of this kind of embarrassment in the course of my own experience, and I have heard of and have read of many more. I have, therefore, no hesitation in pronouncing a competent knowledge of Surgery to be an indispensable requisite in forming the character of an accomplished Physician. In this opinion I am supported by the concurring testimony of every Physician of experience, and judgment



with whom I have conversed upon the subject.\* There is one fact, indeed, which alone is, in my opinion, so conclusive, as completely to decide the question. I refer to an existing regulation of the Army Medical Board, which interdicts any person from being promoted to the situation of Physician to the Forces unless he had for some years served in the capacity of a Regimental Surgeon. This regulation was enacted, in consequence of the extreme inconvenience which had been experienced from appointing Gentlemen ignorant of Surgery to be Physicians to the Forces.

Supported by such authority, I am well warranted to recommend the study of Surgery to the attention of all those who aspire to become distinguished members of the Medical Profession. Upon this point, as I have considered it often and thoroughly, I deliver my opinion with confidence. I farther know the advantage which results to a Student from commencing the study of Surgery at an early period of his education, from the circumstance of the symptoms of Surgical cases being obvious to the senses, simple, and easily understood. Upon these accounts, they can be followed through their whole progress with certainty and ease. The idea which the Student forms of their character is distinct and forcible, and consequently long and clearly remembered. He, therefore, has a certain prospect of making rapid and sure progress in his studies, when he begins his Medical education with the study of Surgery.

A Student, by thus studying the appearance of disease in local external affections, is acquiring an accurate knowledge of the fundamental principles of

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\* See Appendix.

diseased action, which may be easily transferred to explain the nature of similar morbid affections of the internal parts. Many internal and external diseases are perfectly alike in character. Inflammation, abscesses, swelled glands, and various other cases of daily occurrence in practice, afford instances of this identity. The benefit, therefore, which a young man derives from following this progress in the study of diseases, is incalculably great.

The superiority of Clinical Lectures, as an advantageous method of conveying practical instruction, is most conspicuous in Surgery, on account of the obvious nature of the symptoms. A Student, who is diligent in his attendance upon a ward of Surgical patients, vigilant in watching the progress of the cases, attentive to the Lectures of the Professor, and careful to compare what he hears with what he observes, is certain to derive much real practical improvement from employing his time in this manner. This profitable employment of time is, besides, attended with the farther advantage of affording the nearest approximation to actual practice which a Student can enjoy: For having the nature of the case and principles of the practice explained to him, the different reports and prescriptions communicated to him, and their effect upon the patient open to his observation, he has strong inducements to exert his own faculties in judging of the result. And as all his improvement is connected with his own personal exertions, with his activity, industry, and accuracy of observation, he is daily acquiring habits of infinite value in preparing him to enter upon practice with great advantage: for nothing is more important in the education of a young man, who is destined for a practical profession, than, early in life,



when his mind is flexible, to initiate him in those habits of observation, activity, and exertion, which are indispensable to his success, and which are so difficult to acquire at a more advanced age. Practical habits, too, together with immediate personal intercourse with the sick, proveth the best corrective to that unfortunate tendency to speculation, in which young men are too apt to indulge who obtain all their knowledge of Medicine within the walls of a University. An early introduction to Clinical Surgery is, therefore, a most desirable arrangement in regulating the course of a young man's studies; for every one at all acquainted with the subject, will admit, that a ward containing Surgical patients may, with less previous knowledge, be attended advantageously, than when the patients are labouring under diseases of a more obscure and complicated nature.

Strongly impressed with the importance of promoting this mode of studying Surgery, I began to deliver a course of Clinical Lectures, upon the practice of Surgery, at the Royal Infirmary, in the month of November 1786, and I have ever since, now nearly forty years, continued to deliver one or two courses annually. The success of the experiment, and the *growing* estimation of the course, mark sufficiently the public opinion of the undertaking. The Royal College of Surgeons took the class under their protection, after I had lectured for fifteen years. About the same time the Senatus Academicus recommended the class to the favour of his Majesty. After the lapse of nearly fifteen years more, the Managers of the Royal Infirmary, with the additional experience of fifteen years to assist their judgment, made Clinical Lectures on Surgery an essential part of the surgical department. And the Students mark their

approbation of those measures by honouring me with a very respectable attendance. During a twelve-month from this date, including both winter and summer sessions, between 170 and 180 Students have attended Clinical Surgery, much about the number who attended the Medical Clinical Lectures during the same period of time. The class, therefore, is now in a very flourishing condition. And as its prosperity depends upon the intrinsic merit of the establishment, there is every encouragement to expect that it will continue to prosper so long as the University shall flourish, and Edinburgh be a distinguished School of Medicine.

Such being the state of the fact, I naturally expected to receive the patronage and support of the Medical Faculty, to approve of including Clinical Surgery among the number of protected classes; but in these expectations I was completely disappointed, as the Members of the Medical Faculty unanimously disapproved of the proposed arrangement.

The arguments adduced by the Members of the Medical Faculty, in opposing my proposal, seem to me inaccurate and fallacious, as I shall now endeavour to show.

In the first place, however, I cannot omit this opportunity of expressing my astonishment at the very slender provision which the Medical Faculty has made for the cultivation of surgical knowledge. The respect paid to Surgery in Foreign Universities is very different. At Paris, a Candidate for a degree in Medicine, has, during an attendance of four years, each year consisting of a winter and a summer session, to attend four courses of Surgery, besides a finishing course of Clinical Surgery, to render his knowledge of practice as perfect as possible. Now,



in the Curriculum just circulated, the Medical Faculty contents itself with enjoining attendance upon a single course of Surgery, and even that under circumstances exceedingly unfavourable to the improvement of the Student, who is advised to attend Surgery in conjunction with Anatomy, during his first year at the University, a period when he must be supposed to be wholly unprepared to understand the most plain and elementary Lectures on Surgery. For every one must be aware of the impossibility of a Student deriving useful instruction from a course of Lectures on Surgery, while he is completely ignorant of Anatomy. This injudicious conjunction, therefore, of Surgery and Anatomy, during the first year of attendance upon the medical classes, forms a radical defect in the constitution of the University, which even the great and acknowledged abilities of the present Learned Professor, Dr. Monro, is not able to overcome.\* It is productive of several insuperable disadvantages. In the first place, the attention of the Student is distracted by being at one time obliged to attend to the details of two comprehensive complicated subjects, both of which are quite new to him. He will therefore learn neither of them completely. In the second place, he will acquire the unfortunate habit of remaining contented with an imperfect confused superficial knowledge of

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\* I have spoken with freedom respecting the imperfections of the mode of teaching Surgery in the University, from my confidence in being able to suggest a plan for curing them, without subjecting Dr. Monro to trouble or expense. He has only to give the two tickets for separate years, the ticket for Anatomy for the first year; and that for Surgery for next year. By this slight alteration the public will enjoy the full benefit of Dr. Monro's abilities, which are universally acknowledged.



important subjects, which he ought to understand thoroughly in all their details; a habit most unfavourable to the acquisition of useful fundamental knowledge, and which it is almost impossible to correct in after life.

As all the above-mentioned imperfections, with regard to the mode of teaching Surgery in the University are obvious and undeniable, one should have expected that the Medical Faculty would have exerted their efforts to remedy the evil, by enforcing attendance upon a course of Clinical Surgery, where a Student enjoys an opportunity to learn the doctrines of pure practical Surgery under the most favourable circumstances. Even some degree of countenance is due to a class which his Majesty has thought proper to endow upon the recommendation of the Senatus Academicus. The Medical Faculty, however, was not influenced by any of those considerations. But, disregarding an arrangement so reasonable in itself, and so advantageous to the Students, they have recommended a second attendance upon the Clinical Medicine, to the exclusion of the Clinical Surgery, from the number of protected classes. The arrangement was accompanied with the additional unfairness of placing Clinical Surgery on a worse footing than it was before, by occupying the time in attending Clinical Medicine, which was before open in the option of the Student to attend Clinical Surgery. For a Student, while here, and at the expense of one Infirmary ticket, has no opportunity to attend Clinical Surgery, if he comply with the regulation of attending nine months upon Clinical Medicine. This regulation, therefore, seems to me to be an act of flagrant injustice.

Here I cannot omit noticing a circumstance, which, though it appears trivial, indicates great unwillingness to give the smallest countenance to Clinical Surgery. The second edition of the Curriculum recommends attendance upon a course of Clinical Surgery to the attention of the Students. But the third improved edition does not honour Clinical Surgery, even with the futility of a recommendation.

To return to the analysis and refutation of the several objections.

One member of the Medical Faculty opened the business by exclaiming, just as I had mentioned the number of Students of Clinical Surgery for the last year, "that the class was *bolstered* up by a regulation of the College of Surgeons, which had doubled, trebled, nay, he would say, had increased the number of Students fivefold."\* I was astonished to hear remarks so little to the purpose, and so little respectful to myself and to the College of Surgeons, come from a member of the Senatus Academicus: For the remarks did not contradict any assertion, nor controvert any argument which I had advanced, nor did they, in the least, bear upon the question then under the consideration of the Senatus. While they were evidently calculated to degrade me in the estimation of my colleagues, by representing the prosperity of the class to depend upon extrinsic circumstances, wholly

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\* The remarks about bolstering up a class, place me in a relation to the College of Surgeons, which may require an explanation from me regarding the manner in which I have conducted the course of Clinical Lectures on Surgery, as I do not choose to lie under the imputation of having been unworthy of the patronage with which the College of Surgeons has honoured me.



unconnected with my personal exertions, and to cast a slur upon the Royal College of Surgeons, for having had the meanness to lend their authority to a despicable job in favour of one of their own members. The remarks were the more extraordinary, from the circumstance of the classes of Clinical Surgery and Clinical Medicine being equally protected. If the Clinical Surgery be protected by a regulation of the College of Surgeons, Clinical Medicine is protected by a regulation of the *Senatus Academicus*. Besides, the Professor should have recollected the double protection which the classes of practical Medicine, Chemistry, *Materia Medica*, and Institutions of Medicine, derive from the circumstance of their tickets being admitted by the Royal College of Surgeons, and likewise by their being indispensable to the candidates for degrees in Medicine who attend this University. The Professor had probably overlooked all those particulars, when he spoke so disrespectfully of bolstering up a class.

A second member of the Medical Faculty next delivered his opinion on the subject, by explaining the nature of the connection which subsisted between the Managers of the Royal Infirmary and the Professor of Clinical Surgery, dwelling particularly upon the peculiarity of my connection, which, he said, was personal and accidental, and not likely to take place during the incumbency of my successor. The speech was specious and plausible, though the arguments were, in my opinion, unfounded and fallacious, by proceeding upon the supposition that tickets for attendance upon clinical surgery would not be received by the *Senatus* unless the lectures were delivered by a Professor in the Uni-

versity. Now, this statement is not correct, as the Senatus had before agreed to receive the tickets of those Lecturers, who were Fellows of the Royal College of Surgeons. In point of stability, the Medical and Surgical Clinical Lectures are precisely on a footing, both depending on the pleasure of the Managers. And by the last arrangement of the Surgical attendance, the delivery of a course of Clinical Lectures on Surgery is made an integral part of the establishment; so that now there is as great security for the permanence of the institution, and for the regular delivery of Clinical Lectures in the Surgical department as in the Medical. Clinical Lectures are necessarily delivered at an hospital. And although a Professor, from idleness, or laziness, or any cause whatever, should not choose to lecture, yet his silence ought not to deprive the Student of the advantage, nor the public of the security, which the instruction derived from Clinical Lectures affords.

A third member of the Medical Faculty then took up a very singular train of argument, by adverting to the particular manner in which I conducted my course of lectures. The lectures, he admitted, in language highly complimentary, were excellent general dissertations on surgical subjects, illustrated by cases, but not, strictly speaking, proper Clinical Lectures, in which the remarks should emanate from the cases of the patients, under the immediate treatment of the practitioner. Now, without entering into any explanation or defence of the method in which I conduct the lectures, I cannot repress my astonishment at hearing the Professor, when attempting to disprove the utility of Clinical Lectures to a physician, advance an argument so little



apposite to the point at issue. Since, whatever abstractly considered, may be the most advantageous method of conducting a course of Clinical Lectures on Surgery, there is not a doubt that the form of general dissertations is the best adapted to the purposes of a physician, since his object is to obtain accurate comprehensive general views of the subject, without troubling himself with the details of the more minute particulars. According to the Professor's own statement, therefore, the method of conducting lectures, which he censures in me, was in reality the best calculated to instruct a physician in all the principles of Surgery, which are applicable to medical cases.

The method of conducting Clinical Lectures, which the Learned Professor condemns, refers to an epoch more than twenty years back, when he did me the honour to attend a course of Clinical Surgery. Since then I have endeavoured to improve the style of Lecturing, by keeping in view the model which he describes to be the standard of perfection in a Clinical Lecture; so that the criticism which might possibly be just at the period of his attendance, does not apply to the Lectures which I now deliver.

After this, the Professor who spoke first,\* avail-

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\* Although I will cheerfully submit to the most rigid scrutiny into my conduct as a Professor ever since I have had the honour to fill a Chair in the University, and shall be ready to give an ample explanation of the principles upon which I have conducted the course of Clinical Lectures on Surgery committed to my care, I very much question the propriety of a Professor, merely from hearsay evidence, commenting upon my manner of proceeding. If such a liberty be tolerated, then we might hear censorious criticisms on all the Lectures in the University, on no better authority than common report. The abuse to which such a licence would lead, is too apparent to require any elucidation, though I do not mean to retaliate by making any remarks upon what I hear of the learned Professor's lectures.

ing himself of the account which his Learned Colleague had given of the method in which I conduct Clinical Lectures, favoured the Senatus with some additional remarks upon the subject, by contrasting the excellence of the method which he follows, with the imperfections of the one which he ascribed to me. He, it seems, gives regular commentaries on all the cases under his care, at most, twenty-eight in number; while I select from nearly eighty cases, those which promise to afford most instruction to the Students. I shall not enter into an explanation of the particulars, in which Medical and Surgical Clinical Lectures differ from each other, since after having delivered above seventy courses, I may take credit to myself for being a competent judge of the best mode of conducting a course of Clinical Lectures on the practice of Surgery. The method which I pursue is the most laborious to myself, but by much the most useful to the Students. For I do not conceive the possibility of conveying much useful instruction to Students, by offering a few cursory superficial remarks upon the cases of seventy or eighty patients. A Student could never make himself master of so great a number of cases, with any tolerable degree of accuracy, while the time allotted for the discussion of them would be much too short to admit of giving a satisfactory account of every case.

An objection of a very singular nature, derived from a most unexpected source, was publicly mentioned. The proposal to admit the Clinical Surgery into the number of protected classes, was represented to be unreasonable, because the College of Surgeons did not insist upon candidates for diplomas attending Clinical Medicine. This declaration, if I rightly



understand the purport of it, leads to inferences not very creditable to the dignity and independence of the *Senatus Academicus*. It may imply a willingness on their part to countenance Clinical Surgery, provided the College of Surgeons previously countenance Clinical Medicine. Agreeably to this construction, the *Senatus Academicus* would act a subordinate part to the College of Surgeons, by submitting to follow their example. Much as I respect the College of Surgeons, I should regret exceedingly to see them receive so high a compliment at the expense of the *Senatus Academicus*. If the measure be right in itself, the *Senatus Academicus* should adopt it, on account of its own intrinsic merit, whatever any other public body may do. If it be wrong, they should on no account do what they disapprove.

The declaration may likewise be construed to imply a readiness on the part of the *Senatus Academicus* to enter into a negotiation with the College of Surgeons, to concur in enacting regulations to enforce the attendance of the Students upon the Clinical Lectures of both departments, on account of some supposed advantage connected with this arrangement. I am not aware of any other construction which can be put upon the above very singular declaration. If any one more creditable to the dignity of the *Senatus* should occur to me, I shall be most willing to adopt it.

I have now brought the whole business relating to the class of Clinical Surgery under the review of the *Senatus Academicus*, with a fullness of detail, which will enable every one to form a decided opinion upon the merits of the question. I have stated the utility of the knowledge of Surgery to the practical Physician, and pointed out the advantages



which Clinical Lectures possess in conveying useful instruction in the practice of Surgery. I have likewise brought forward all the arguments urged against the proposed arrangement, accompanied, I trust, with a satisfactory answer to every one of them. If I have the good fortune to succeed in the attempt, I shall feel much gratified in having been the instrument of conferring a benefit upon the profession of medicine. If, on the contrary, I shall be disappointed of my object, I shall still have the consolation to reflect, with much satisfaction, on having done my duty to the Chair which I have the honour to hold in the University, to the profession of medicine, and to the public at large. The result of this business is a matter of indifference to me as an individual; since, at my advanced time of life, a few years will soon put an end to my labours as a public teacher. I already divide the duties of my office with another practitioner, who shares in the emoluments. The effect of an arrangement, the operation of which does not commence for several years, cannot affect one who is gradually retiring from the scenes of active life. Neither my reputation, nor my fortune, nor my rank in society, can be influenced by the vote which the *Senatus Academicus* gives on this occasion. There are no motives of self-interest prompting me to exert my endeavours to promote the proposed arrangement; and I most sincerely hope, that every one who is to vote on this occasion, will divest himself from all feelings of prejudice and prepossession as completely as I am at this moment. My sole wish is, that the measure most advantageous to the public may ultimately be adopted.